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AN OBSERVATIONAL STUDY OF RELATION BETWEEN PRAKRITI AND DYSMENORRHOEA IN ADOLESCENT FEMALES

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Abstract:-Dysmenorrhoea is the leading cause of recurrent short-term school absence in adolescent girls and a common problem in women of reproductive age. In Ayurveda, udaavarthiniyonivyapath resembles the description of almost all types of dysmenorrhoea and treatment is also explained. Understanding of dysmenorrhoea with relation to Prakriti may help in early diagnosis and prevention of complications that may arise due to dysmenorrhoea in the adolescent females and also in determining susceptibility to different menstrual diseases. This way of understanding the prakriti of adolescent female may help in giving guidance for maintaining healthy lifestyle according to their prakriti could be advised right from menarche to promote health and to the reduce the prevalence of menstrual irregularities may possible by this observational study of female adolescents. 100 adolescent female between the age group 16-25 were screened as per the inclusion and exclusion for the recruitment, followed which the investigator compiled the data based on performa of demographic information, history of menstrual cycle and dysmenorrhoea and found the prakriti of the adolescent females suffering from dysmenorrhoea according to CCRAS Prakriti assessment scale. Among 100 participants, 34 were kaphavataPrakriti, 26 were pitta kaphaPrakriti, 24 were vata-pittaPrakriti, 14 were kaphapradhanaPrakriti and 2 were vatapradhana Prakriti. This study showed maximum Kapha-vata Prakriti participants suffering from dysmenorrhea. Thus this study was a unique attempt to analyse the relation between Prakriti and dysmenorrhea which will help in assessing the dominant Prakriti having dysmenorrhea. Accordingly, preventive and curative measures can be applied for the treatment of dysmenorrhea based on Prakriti.

Keywords: Dysmenorrhoea, Prakriti, Adolescent females, Kapha-vataprakriti

Need of the Study

In female, Artava the upadhatu of rasa dhatu⁽¹⁾ is responsible for conception. Arthava can be understood in two ways: menstrual blood and also ovum. In this context arthava is taken as menstrual flow that causes pain and discomfort in females during menstrual cycle. Hence, the healthy status of Artava is of prime importance when it comes to reproductive health of female.

Dysmenorrhoea is the leading cause of recurrent short-term school absence in adolescent girls and a common problem in women of reproductive age. Dysmenorrhoea, which is defined as painful menses in women with normal pelvic anatomy, usually begins during adolescence. It is characterized by crampy pelvic pain beginning shortly before or at the onset of menses and lasting one to three days. Dysmenorrhoea also may be secondary to pelvic organ pathology.⁽²⁾

Prevalence of dysmenorrhoea was 70.2% according to the study conducted to ascertain the prevalence of dysmenorrhoea between the age group of 11-28 years by using a Numerical Pain Scale(NPS). The study says Sub optimal use of the medical advice and the barriers to seek medical attention by dysmenorrheic females need exploration. It is important that health education on puberty and menstruation is regarded as inadequate for many girls in India.⁽³⁾

In Ayurveda, udaavarthiniyonivyapath resembles the description of almost all types of dysmenorrhoea⁽⁴⁾ and treatment is also explained⁽⁵⁾.

The individualized treatment of diseases is the unique approach of Ayurveda, which recognizes every individual with a specific constitution known as Prakriti. The determination of Prakriti has significant importance in the healthy/unhealthy states of an individual. This information can be successfully applied clinically in diagnosis, treatment (for deciding appropriate drug, dose, duration, diet and lifestyle), and prognosis of the disease. Even the daily and seasonal regimens adopted for promotion of health also vary according to Prakriti. Considering the importance of prakriti, many research studies have

also been conducted in various contexts like correlation of Prakriti with aging, hypothyroidism in different Prakritis; Prakriti and variation in platelet aggregation; correlation between ABO blood groups and tridosha and whole genome expression and biochemical correlates of extreme constitutional types defined in Ayurveda.

In all the above studies, it appears that different pro-forma have been used for assessment of Prakriti based on the characteristic features described in Ayurvedic classics.⁽⁶⁾

This study enable us to correlate and explore the inter connection between the dysmenorrhoea and prakriti in adolescent female aged between 16-25,with the help of WaLIDD Scale⁽⁷⁾, Standard questionnaires of dysmenorrhoea⁽⁸⁾ and Standardized Prakriti Assessment Tool by CCRAS⁽⁹⁾.

Materials and methods:

Sample size: 100 women's suffering from dysmenorrhoea

Inclusion criteria:

- Participants of adolescent females aged between 16-25 years.
- Participants suffering with dysmenorrhoea (done based on standard questionnaires)
- Participants includes both unmarried and married female

Exclusion criteria:

- Participants below the age of 16 years and above the age of 25 years.
- Participants suffering from chronic systemic illnesses.
- Participants who are not willing to participate in the study.

Research Design:–Cross sectional study

Methodology of study:

a. Recruitment: Women from the age group of 16-25 years diagnosed with dysmenorrhoea.

b. Informed consent: Informed consent was obtained from all the participants.

c. Method of data collection: 100 women volunteers were screened as per the inclusion and exclusion for recruitment, followed by which the investigator compiled the data based on structured proforma of demographic information ,history of menstrual cycle and dysmenorrhoea and finding out the prakriti of the adolescent females suffering with dysmenorrhoea according to CCRAS pattern.

6. Statistical analysis:

The data obtained was analyzed and inferred by drawing means, percentages, standard deviations by using statistical test SPSS v20

Discussion:-

Discussion on relation between PRAKRITI and WaLIDD SCALE:

It was observed that, In WaLIDD scale of 100 participants,24 were having mild dysmenorrhea, 58 were having moderate dysmenorrhea,18 are having severe dysmenorrhea. Among this it is observed that moderate dysmenorrhea participants (58) are more in number and in them majority were Kaphavataprakruthi participants (19).

Discussion on relation between PRAKRITI and WORKING ABILITY:

It was observed that, In working ability of 100 participants,22 were able to perform routine work as usual,39 were not able perform work sometimes due to menstrual cramps,28 were unable to perform work almost all the time due to menstrual cramps and 11 were unable to work at all due to menstrual cramps. Among this it is observed that participants who were not able to perform work sometimes due to menstrual cramps are more in number(39) and in them majority were kaphavata Prakriti participants(16).

Discussion on relation between PRAKRITI and LOCATION OF PAIN

It was observed that, in location of pain of 100 participants, 16 were not having pain in any particular site, 35 complained of pain in 1 site during menstrual cycle, 40 were having pain in 2-3 site during menstrual cycle and 9 were having pain in 4 site during menstrual cycle. Among them, it is observed that participants having pain in 2-3 site were more in number (40) and in them majority were kaphavata Prakriti participants (14).

Discussion on relation between PRAKRITI and INTENSITY OF PAIN

It was observed that, in intensity of pain of 100 participants, 29 participants told intensity of pain as hurts a little bit, 48 participants told intensity of pain as hurts a little more-hurts even more and remaining 23 told hurts a whole lot-hurts worst. Among them, it was observed that participants stating intensity of pain as hurts a little more-hurts even more are more in number(48) and in them majority were kaphavata Prakriti participants(15).

Discussion on relation between PRAKRITI and DAYS OF PAIN

It was observed that, in days of pain of 100 participants, 73 participants complained that they will be having pain for 1-2 days, 21 participants complained of 3-4 days of pain, 6 participants complained of 5 or >5 days of pain. Out of this, it was observed that participants having pain for 1-2 days are more in number (73) and in them majority were kaphavata Prakriti participants (24).

Discussion on relation between PRAKRITI and BODY MASS INDEX-NUTRITIONAL STATUS

It was observed that, in BMI-nutritional status of 100 participants, 24 participants are under weight(<18.5), 66 were normal weight(18.5-24.9), 8 were pre obese(25.0-29.9) and 2 belongs to obesity class 1(30.0-34.9). Out of this, it was observed that participants belonging to normal weight were more in number (66) and in them majority were pitta kapha Prakriti participants (21).

Discussion on relation between PRAKRITI and DURATION OF MENSTRUAL FLOW

It was observed that, in duration of menstrual flow of 100 participants, 20 were having menstrual flow of 2-3 days, 62 were having menstrual flow of 4-5 days, 14 were having menstrual flow of 6-7 days, 3 were having 8 days & above and 1 mentioned duration of menstrual flow as: Varies every month from 4 to 15 days of bleeding. Out of this, it was observed that participants having menstrual flow for 4-5 days are more in number (62) and in them majority were kaphavata Prakriti participants (25).

Discussion on relation between PRAKRITI and REGULAR MENSTRUAL CYCLE

It was observed that, in menstrual cycle of 100 participants, 6 were having regular menstrual cycle of 21-23 days, 10 were having regular menstrual cycle of 24-26days, 53 were having regular menstrual cycle of 27-29 days, 24 were having regular menstrual cycle of 30-45 days and 7 were having irregular menstrual cycle. Out of this, it was observed that participants having regular menstrual cycle of 27-29 days are more in number (53)and in them majority were kaphavata Prakriti participants(19).

Discussion on relation between PRAKRITI and MEASURES TAKEN FOR MENSTRUAL CRAMPS

It was observed that, in measures taken for menstrual cramps of 100 participants, 63 participants were taking measures to get relief from menstrual cramps and remaining 27 didn't take any measures for menstrual cramps. Out of this, it was observed that participants taking measures to get relief from the menstrual cramps are more in number (63) and in them majority were kaphavata Prakriti participants (20).

Discussion on relation between PRAKRITI and ASSOCIATED SYMPTOMS WITH MENSTRUAL CRAMPS

It was observed that in associated symptoms with menstrual cramps of 100 participants, 54 participants were having associated symptoms along with menstrual cramps and remaining 46 didn't have any associated symptoms along with menstrual cramps. Out of this, it was observed that participants having associated symptoms along with menstrual cramps are more in number (54) and in them majority were kaphavata Prakriti participants (20).

Discussion on relation between PRAKRITI and DYSMENORRHEA

On observation of all symptoms of dysmenorrhea among 100 participants,34 were kaphavataPrakriti, 26 were pitta kapha Prakriti, 24 were vata-pittaPrakriti,14 were kaphapradhana Prakriti and 2 were vatapradhana Prakriti.

Table 1:- Showing relation between Prakriti and WaLIDD scale

	WaLIDD SCALE			Total
	MILD DYSMENORRHEA	MODERATE DYSMENORRHEA	SEVERE DYSMENORRHEA	
VATA PRADHANA PRAKRITHI	0	0	2	2
KAPHA PRADHANA PRAKRITHI	2	8	4	14
VATA PITTA PRAKRITHI	6	15	3	24
PITTA KAPHA PRAKRITHI	6	16	4	26
KAPHA VATA PRAKRITHI	10	19	5	34
Total	24	58	18	100

Conclusion:-

Understanding of dysmenorrhoea with relation to Prakriti will help in early diagnosis and prevention of complications that may arise due to dysmenorrhoea in the adolescent females and also in determining susceptibility to different menstrual diseases. This way of understanding the prakriti of adolescent female will help in giving guidance for maintaining healthy lifestyle according to their prakriti could be advised right from menarche to promote health and to the reduce the prevalence of menstrual irregularities may possible by this observational study of female adolescents.

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